SOUTHEASTERN INDIANA OUTREACH Positioning Program Instructions

Name:	DOB: <u>Position Description</u>			
<u>Photos</u>				
(Polaroid, digital or 35 mm) showing steps for correct positioning	 Step by step instructions on correct implementation of the position Next step Next step Etc. 			
	Therapist signature and date			

THERAPIST USE ONLY

Reviewed by:	Date:						
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